

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3704AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/23/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST. MATTHEWS CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>651 REDEYE LANE LAS VEGAS, NV 89110</b>		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on October 23, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a seven (7) beds Residential Facility for Groups which provides care to elderly or disabled persons and persons with mental illness, Category I residents.</p> <p>The census at the time of the survey was 7 residents.</p> <p>There were seven resident files reviewed and three employee files reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 067 SS=C	<p>449.196(1)(c) Qualifications of Caregiver- Read regulation</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and</p>	Y 067		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 2  must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is	Y 103			

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Y 103	<p>Continued From page 3</p> <p>appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review the facility failed to ensure that 2 of 3 employees had received the required tuberculin screening (#1, #2).</p> <p>Findings include:</p>	Y 103			

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Y 103	Continued From page 4  Employee #1's (date of hire 5-14-08) personnel file contained documented evidence of a positive tuberculin skin screening and a negative Chest X-ray. The file lacked documented evidence of a statement indicating the employee was free of tuberculosis signs and symptoms.  Employee #2's (date of hire 5-14-08) personnel file lacked documented evidence of a positive tuberculin skin screening or a Chest X-ray. The file did contain evidence of a statement indicating the employee was free of tuberculosis signs and symptoms.  This is a repeat deficiency from survey dated 10/31/07.  Severity: 2                      Scope: 3	Y 103		
Y 104 SS=F	449.200(1)(e) Personnel File - References  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility.  This Regulation is not met as evidenced by: Based on record review on the facility failed to investigate the references on 2 of 3 employees. (#1, #2)  Findings include:	Y 104		

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Y 104	Continued From page 5  The personnel file for Employee #1 (date of hire 5-14-08) lacked documented evidence of any reference checks.  The personnel file for Employee #2 (date of hire 5-14-08) lacked documented evidence of any reference checks.  Severity: 2                      Scope: 3	Y 104			
Y 105 SS=C	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review the facility failed to ensure that 2 of 3 employees had met the criminal history background check requirements. (#1, #2)  Findings include:  Employee #1's (date of hire 5-14-08) personnel file lacked a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188.  Employee #2's (date of hire 5-24-08) personnel file lacked a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188.  This is a repeat deficiency from the survey dated	Y 105			

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Y 105	Continued From page 6 10/31/07.  Severity: 1                  Scope: 3	Y 105		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Based on observation on October 23, 2008 at 1:00 PM the facility failed to ensure that the premises were well maintained.  Findings include:  The side yard was cluttered with debris and weeds and the back yard contained many weeds in the dirt surface.  The kitchen window was open without a screen.  The sliding screen door to the backyard was warped and the screen did not cover the frame.  The door leading outside from the converted garage was open with no screen.  There were flies observed flying around inside of the facility.  The shower in Bathroom #2 had loose caulking	Y 178		

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Y 178	Continued From page 7  strips around the bottom.  Severity: 2                      Scope: 3	Y 178			
Y 455 SS=C	449.231(2)(e) First Aid Kit - CPR Mask  NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation.  This Regulation is not met as evidenced by: Based on observation and interview on October 23, 2008 at 3:30 PM the facility failed to ensure that a shield or mask for cardiopulmonary resuscitation was included in the first aid kit.  Findings include:  There was no mask for cardiopulmonary resuscitation in the first aid kit.  Interview with Employee's #1 and #2 indicated that there was no mask for cardiopulmonary resuscitation available at the facility.  Severity: 1                      Scope: 3	Y 455			
Y 870 SS=B	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration  NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:	Y 870			

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Y 870	<p>Continued From page 8</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 3 of 7 residents residing at the facility for longer than six months. (#2, #4, #6)</p> <p>Findings include:</p> <p>Resident #2 (admit date 6/19/06) lacked documented evidence of a medication profile review in the past 12 months.</p> <p>Resident #4 (admit date 2/1/07) had one medication profile review on 9/17/08. There was no documented evidence of a second profile review in the past 12 months.</p> <p>Resident #6 (admit date 12/12/07) lacked documented evidence of a medication profile review in the past 12 months.</p> <p>This is a repeat deficiency from survey dated 10/31/07.</p>	Y 870			

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Y 870	Continued From page 9  Severity: 1                  Scope: 2		Y 870		

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